



State of Louisiana
DIVISION OF ADMINISTRATION
OFFICE OF STATE UNIFORM PAYROLL

M. J. "MIKE" FOSTER, JR.
GOVERNOR

MARK C. DRENNEN
COMMISSIONER OF ADMINISTRATION

December 02, 1999

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2000-34

TO: All UPS Agencies

FROM: Ronald S. Mitchell
Director

SUBJECT: New Miscellaneous Vendor Deduction Authorized (MSD)

This is to advise you that a payroll deduction has been authorized and an UPS payroll deduction code has been established for:

<u>COMPANY</u>	<u>PRODUCT/SERVICE</u>	<u>CODE</u>
Starmount Life Insurance Co, Inc. P O Drawer 14389 Baton Rouge, LA 70898-4389	Preferred Dental Plan	MSD NA

This code will be available for the pay period beginning December 27, 1999. This product will not be eligible for participation in the Flexible Benefits Plan (\$125 Cafeteria Plan) until July 1, 2000. At that time, the product code for all eligible Flexible Benefits Plan participants will be changed to the participating code (MSD PA) by UPS.

Company Coordinator:

Starmount Life Insurance Co, Inc.
Ms. Jessica Hagler
7800 Office Park Blvd
Baton Rouge, LA 70809-7603
Phone: 225-926-2888 ext. 173

Please add this information to your Vendor/Coordinator Listing (VC-02) attached to OSUP Memorandum #99-51, dated May 11, 1999. A new listing, including this new vendor, will be distributed in early 2000.

Attached is a copy of the approved SED4 Form (Payroll Deduction Authorization).

If you have any questions, please call Stacey Guilbeau at (225) 342-5337.

RSM:PAR:kmb

[Attachment](#)

Starmount Life Insurance Company

State of Louisiana Employee Payroll Deduction Authorization																		
Employee Name			Soc.	Sec.	No.	Payroll Reporting No.												
Department/Agency/Section Name			Control No.		Authorized Codes MSD A													
I hereby authorize my employer to deduct a total of \$ _____, monthly rate, from my salary until further notice and remit same to Starmount Life Insurance Company . A TOTAL Semi-Monthly Deduction in the amount of \$ _____ represents one half of the total monthly premium required for the coverage(s) detailed below. I, hereby waive on behalf of myself, my heirs, successors, agents, and assigns any and all rights of action against the State of Louisiana, its agents, and assigns, arising out of the deduction, failure to deduct, or any other handling of this request for payroll withholding.																		
DEDUCTION DETAIL (Product Codes, Premium Amts., 125 Elig.) MENU ELECTIONS																		
PRODUCT NAME	PLAN PART.CODE YES NO	125 ELIG	MO PREM.	PAYROLL CODE	INELIGIBLE & NON-PART Semi-Mo.	ELIGIBLE PART Semi-Mo.												
Preferred Dental	P	Y	\$	MSD PA		\$												
Preferred Dental	N	Y	\$	MSD NA	\$													
SUB TOTALS MSD Non-Part. - Part. \$ _____ \$ _____																		
<div style="border-bottom: 1px solid black; margin-bottom: 10px;">Begin/Change Date</div> <div style="border-bottom: 1px solid black;">Date Authorized</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;">Total Mo. Prem. \$ _____</td> </tr> <tr> <td style="padding: 5px;">Total Semi-Mo. Ineligible</td> <td style="padding: 5px;">MSD</td> <td style="padding: 5px;">\$ _____ N/A _____</td> </tr> <tr> <td style="padding: 5px;">Total Semi-Mo. Non-Part.</td> <td style="padding: 5px;">MSD</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Total Semi-Mo. Part.</td> <td style="padding: 5px;">MSD</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>						Total Mo. Prem. \$ _____			Total Semi-Mo. Ineligible	MSD	\$ _____ N/A _____	Total Semi-Mo. Non-Part.	MSD	\$ _____	Total Semi-Mo. Part.	MSD	\$ _____
Total Mo. Prem. \$ _____																		
Total Semi-Mo. Ineligible	MSD	\$ _____ N/A _____																
Total Semi-Mo. Non-Part.	MSD	\$ _____																
Total Semi-Mo. Part.	MSD	\$ _____																
<div style="display: flex; justify-content: space-between; align-items: center;"> BY: _____ <div style="text-align: center;"> TOTAL SEMI-MONTHLY MSD \$ _____ </div> </div> <div style="text-align: center; margin-top: 10px;"> Employee Signature </div>																		
<div style="text-align: center; margin-bottom: 10px;"> (THIS FORM SUPERSEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> Presentation and deduction authorization processed by: </div> <div style="width: 45%; text-align: center;"> _____ MSD Agent </div> <div style="width: 25%; text-align: center;"> _____ Date </div> </div> <div style="text-align: center; margin-top: 20px;"> _____ Address </div>																		